### **Application Data Sheet**

### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

1616

Title::

DELIVERY OF RIZATRIPTAN OR ZOLMITRIPTAN

THROUGH AN INHALATION ROUTE

Attorney Docket Number::

00038.04CON

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

**Total Drawing Sheets:** 

1

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority type::

Inventor

**Primary Citizenship Country:** 

US

Status::

**Full Capacity** 

Given Name::

Ron

Middle Name::

L.

Family Name::

HALE

City of Residence::

Woodside

State or Province of Residence:: California

Country of Residence::

US

Street of mailing address::

17085 Skyline Blvd

City of mailing address::

Woodside

State or Province of mailing address::

Postal or Zip Code of mailing address:: 94062

Page # 1

Applicant Authority type:: Inventor

**Primary Citizenship Country:** US

**Full Capacity** Status::

Given Name:: Joshua

Middle Name:: D.

RABINOWITZ Family Name::

City of Residence:: Mountain View

State or Province of Residence:: California

Country of Residence:: US

750 N. Shoreline, #98 Street of mailing address::

Mountain View City of mailing address::

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94043

Inventor Applicant Authority type::

US Primary Citizenship Country:

Status:: Full Capacity

Given Name:: Dennis

W. Middle Name::

Family Name:: San Francisco City of Residence::

State or Province of Residence:: California

US Country of Residence::

Street of mailing address:: 22 Sequoia Way

San Francisco City of mailing address::

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94127

**SOLAS** 

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Alejandro

Middle Name:: C.

Family Name:: ZAFFARONI

City of Residence:: Atherton

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 1 Faxon Forest

City of mailing address:: Atherton

State or Province of mailing address:: California

Postal or Zip Code of mailing address:: 94027

## **Correspondence Information**

Correspondence Customer Number:: 37485

Name:: Elaine C. Stracker

Name:: Alexza Molecular Delivery Corporation

Street of mailing address:: 1001 East Meadow Circle

City of mailing address:: Palo Alto

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94303

Phone number:: (650) 687-3905, (650) 687-3900

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### **Representative Information**

Representative Designation::	Registration number::	Name::
Primary	43,166	Elaine C. Stracker

# **Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This application	Continuation of	10/155,621	05/22/2002
10/155,621	An application claiming benefit under 35 USC 119(e)	60/294,203	05/24/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/317,479	09/05/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/332,280	11/21/2001
10/155,621	An application claiming benefit under 35 USC 119(e)	60/336,218	10/30/2001

# **Assignee Information**

Assignee name:: Alexza Molecular Delivery Corporation

Street of mailing Address:: 1001 East Meadow Circle

City of mailing address:: Palo Alto

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94303